

SWINTON
URBAN DISTRICT COUNCIL

ANNUAL REPORTS

OF THE

**MEDICAL OFFICER
OF HEALTH**

AND THE

SANITARY INSPECTOR

FOR

1948

SWINTON URBAN DISTRICT COUNCIL

MEMBERS 1948

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Medical Officer of Health :

ANTHONY EUSTACE, M.B., B.Ch., B.A.O., L.M., B.Sc., D.P.H.

Sanitary Inspector :

E. ADAMS, Cert. R. San. Inst., M.S.I.A.



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SWINTON URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health for the Year 1948.

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Public Health Department,
Dunford House,
Doncaster Road,
Wath-upon-Dearne.

*To the Chairman and Members of the
Swinton Urban District Council.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the health of your district for the year 1948. Included in this report is an outlined account of the services provided under Part III of the National Health Service Act—which are now in operation in Division 26 of the Preventive Health Services of the West Riding County Council. I trust that this part of the report will prove of value in bringing to your notice the amount of background administration which lies behind the health services of the area.

It is fitting at this juncture to refer to the fact that on 5th July, 1948, the National Health Service Act came into operation and as a consequence the year proved a very busy and informative one for all concerned in the administration of this great piece of legislation. It was truly a case of “The old order changeth and yieldeth place to new,” and although unforeseen circumstances delayed progress here and there it can be said that the Part III services came smoothly into operation. The National Health Service Act can be described as consisting mainly of three parts :

(1) **The Hospital Services** which are controlled by the Regional Hospital Boards and the Governing Bodies of the Teaching (University) Hospitals.

(2) **The General Practitioner or General Medical Services** which are controlled by the Executive Councils.

(3) **The Local Health Authority Services** which are controlled by the Councils of County and County Borough Councils.

The Controlling Head of all these Services is the Ministry of Health in England and Wales and the Secretary of State in Scotland. The

Ministry of Health appoints the Governors of the Teaching Hospitals and the members of the Regional Hospital Board. There are 14 Regional Hospital Boards in England and Wales. The various Regional Hospital Boards appoint Area Hospital Management Committees, whose function it is to administer the Hospital Services in given areas of the various regions. The Teaching Hospitals are administered by the Board of Governors. In this area we are concerned with the Sheffield Regional Hospital Board, and we look to them to provide us with suitable Hospital Services for our Urban District. The Sheffield Board covers a larger area than any other Regional Board in the country. It extends as far South as Nottingham and Leicester and Eastwards to Grimsby and North to Goole. Obviously the Minister of Health foresaw the difficulty to be expected in a Central Scheme for the day to day administration for such large hospital regions, and he accordingly laid the duty upon the various Boards to appoint Hospital Management Committees to guide and "care for" the Hospitals in the various parts of the Region. Swinton, in common with Wath-upon-Deane and Rawmarsh Urban Districts, falls into the hospital area known as the "Rotherham and Mexborough Management Committee." The hospitals include the Wath Wood and Rosehill Isolation Hospitals, but there are no General or Maternity Hospitals in any of the three Urban Districts which comprise Health Division No. 26. Patients from this area have to go to the Montagu Hospital, Mexborough, or Moorgate or Doncaster Gate General Hospitals for general medical or surgical treatment; and to Moorgate Maternity Unit, Montagu Maternity Unit, Listerdale Maternity Home or Hallamshire Maternity Home for Institutional Confinement. Sandygate House, Wath, which was used during the War period as a Maternity Annexe of the Rotherham General Hospital, is now to be converted into a surgical annexe of the Montagu Hospital, whilst the fate of Rosehill Isolation Hospital has yet to be decided.

Heretofore hospitals could be described as belonging to either of the following classes :—

Municipal—which were in the main old Poor Law Institutions taken over by the Local Authorities as a result of the 1929 Local Government Act, or

Voluntary Hospitals—formerly supported by workmen's hospital funds, donations, flag days, monetary bequests and grants from Local Authorities, etc. Under the new National Health Service Act both these types of Hospitals are now co-equal and are referred to as General Hospitals.

As regards Public Medical Practitioners, the Ministry has set up Medical (Practitioner) Committees to control the entry into the General Practitioner Services. Doctors wishing to enter the service have to apply for an advertised vacancy through the Committee. The Committee can declare areas as being under or over "doctored" and can plan accordingly. No single handed practitioner can have more than 4,000 patients (units they are called) on his list, but if he employs an assistant he can take up to 6,500 units altogether, or if in a partnership 8,000 units. Multiples of 4,000 units are allowable and a 3-partnered practice can have

for example 12,000 units. On admission to general practice a doctor then comes under the control of the Executive Council which is regulated by the Ministry of Health. This Council contracts with the General Practitioner and formulates policy, arranges payments, etc. The link in any area between the Executive Council and the General Practitioner is the Local Medical Committee. In the General Practitioner service two other Committees are appointed by the Minister, viz., the Central Health Service Council and a Tribunal. The latter controls the dismissal of a doctor from General Medical Practice.

The third part of the Act deals with the Local Health Authority. The Local Health Authority is the Council of a County or County Borough. The duties laid by the Ministry on the Local Health Authority are :

1.—To provide Health Centres from which it is ultimately intended that General Practitioners will operate.

2.—To provide schemes under the following headings :—

- (a) Immunisation and vaccination against various diseases, including Diphtheria and Smallpox.
- (b) To provide and staff ante-natal clinics.
- (c) To arrange for domiciliary midwifery services.
- (d) To provide for Home Nursing Service and After-care.
- (e) To provide a Health Visiting Service, including Mental Health.
- (f) To provide Home Help services.
- (g) To provide Ambulance services.

All the services included in the above are carried out by the Divisional Health Staff with the exception of the Ambulance services, which is a separate department. In the Divisional Report (included in this report) details of these services are given in-so-far as they affect your area.

The nationalisation of medicine has been costly and it will take some time for it to run smoothly—it is a babe born into a stormy world and maybe a tiny bit premature. It is none-the-less a healthy baby crying not in the wilderness but in the cacophony of the bustling post-war world and succeeding in making its voice heard. We can rear this babe between us, and by careful nurture we can make it grow into a big strong man.

The following Statistics are given for the year under review—the left column indicates this year's rate, the middle column last year's rate and the right hand column the rate for England and Wales for 1948 :—

	1948	1947	1948
	Swinton	Swinton	England & Wales
Live Birth rate	21.77	20.16	17.9
Still Birth rate	27.45	34.3	—
Death rate	12.11	11.37	10.8
Infant Mortality rate ..	44.3	44.4	34.0
Maternal Mortality ..	nil	nil	1.02
Neo-natal death rate	20.1	17.7	—

I consider the statistics to be fairly satisfactory and am glad to report that the Infant Mortality rate has not increased. It is, however, a higher figure than the National Rate. In the Divisional Report

more comment is made on the causation of Infant Mortality. Altogether there were 248 live births and 7 still births registered in the district—giving a total of 255 live and still births. The sex incidence was 129 male and 119 female live births. 13 of the infants (5 males and 8 females) were illegitimate. Eleven infants (6 males and 5 females) died during the first year of life and 5 of these within the 1st month of existence.

Deaths totalled 138 and the sex incidence was equal being 69.

Live Births exceeded deaths by 110 and this represents the natural yearly increase in population. It is gratifying to again record that no maternal deaths occurred during the year.

In common with the other Urban Districts in the Division a fairly large number of cases of Measles (80) and Whooping Cough (34) were notified to the Department. Altogether there were 150 cases of Infectious Diseases notified during the year. It is gratifying to record that no case of Diphtheria occurred in the District during the year. The Kilnhurst Ward, with 82 cases, had the highest incidence of Infectious Diseases followed by Park Ward with 45. Swinton Bridge and Central Wards proved healthier with only 23 cases between them.

No case of Anterior Poliomyelitis occurred during 1948.

Eight deaths were recorded as being due to Pulmonary Tuberculosis and 20 new cases were notified during the year.

I will conclude by thanking the Members of the Council for the lively interest they take in the Health Services of the District and would also like to record the pleasure it gives me personally to attend the Meetings of the Housing and Public Health Committees. I would also like to thank all the Officials of the Council and in particular your Sanitary Inspector, Mr. Adams, for the help they have given to me throughout the year and lastly to the staff of the Divisional Office my heartfelt thanks for their loyalty and enthusiasm throughout the year.

I remain,

Your obedient Servant,

ANTHONY EUSTACE.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	1,718
Population (Census 1931)	13,820
Registrar-General's Estimate of Resident Population, mid 1948	11,390
Number of Inhabited Houses (Census 1931) ..	3,360
Number of Inhabited Houses (Dec. 1948) ..	3,346
Net Product of a Penny Rate	£153 11d. 10½d.
Height above sea level	50—325 ft.
Total Rateable Value	£39,089

VITAL STATISTICS.

	Males.	Females.	Total.
Live Births : Legitimate	124	111	235
Illegitimate	5	8	13
	<hr/>	<hr/>	<hr/>
Total	129	119	248
	<hr/>	<hr/>	<hr/>
Stillbirths	3	4	7
Deaths of Infants under 1 year	6	5	11
Deaths (all ages)	69	69	138
Birth Rate per 1,000 of the estimated resident population ..			21.77
Stillbirths—Rate per 1,000 total births (live and still) ..			27.45
Death Rate per 1,000 estimated population			12.11

Deaths from Puerperal Causes :

	Deaths.	Maternal Mortality Rate (Death rate per 1,000 total live and Still Births).
Puerperal and post-abortive sepsis ..	Nil	Nil
Other maternal causes	Nil	Nil

Deaths of Infants under One Year of Age :

All infants per 1,000 live births	44.3
Legitimate infants per 1,000 legitimate live births ..	46.8
Illegitimate infants per 1,000 illegitimate live births ..	Nil
Neo-Natal Death Rate	20.1

Deaths from : Cancer (all ages)	13
Measles (all ages)	Nil
Whooping Cough (all ages) ..	Nil
Diarrhoea (under 2 years of age) ..	2
Pulmonary Tuberculosis (all ages) ..	8
Other forms of Tuberculosis (all ages) ..	Nil

GENERAL PROVISION OF HEALTH SERVICES.

1.—Hospitals.

Swinton is in the Sheffield Regional Hospital Board area. In particular it is served by the Rotherham and Mexborough Hospital Management Committee. The Urban District Council has no representative on the Management Committee. The following Hospitals provide General and Surgical Service :—

- (a) Moorgate General Hospital, Rotherham.
- (b) Doncaster Gate General Hospital, Rotherham.
- (c) Montagu Hospital, Mexborough.

(a) General Hospitals at Sheffield are also accessible and their services are used to some extent. Patients are very often referred from any of the above hospitals to some of the specialist hospitals in Sheffield.

(b) *Infectious Diseases Hospitals.*

The Wath Wood Isolation Hospital (110 beds) provides accommodation for cases of Infectious Diseases which occur in the Urban District. It is a nicely situated hospital overlooking Hoover and has a modern cubicle block. Your former Medical Officer of Health was Medical Superintendent of this hospital, but with the advent of the National Health Service Act, it is now proposed to appoint Dr. Morrison of the Rotherham Fever Hospital as Superintendent. Up to this the Hospital had its limitations—not being a Training School for fever nurses. Cases of smallpox are now admitted to only three hospitals in the Sheffield Region and cases from Swinton would normally be admitted to Lodgemoor Hospital at Sheffield.

(c) *Maternity Hospitals.*

There are no Maternity Hospitals situated in the Urban District. Where Institutional Confinement is required or desired, the following hospitals or maternity homes are available :—

Montagu Hospital, Mexborough—Maternity Ward.

Hallamshire Maternity Hospital—Chapelton.

Listerdale Maternity Home, Rotherham R.D.

Moorgate General Hospital, Rotherham—Obstetric Unit.

The services of Jessop Hospital, Sheffield, are also available for abnormal obstetric cases.

2.—Tuberculosis Scheme.

The Regional Hospital Board is now responsible for the clinical control of the Tuberculosis Dispensaries. The Consultant Tuberculosis Officers have a dual appointment with the Regional Hospital Board and the Local Health Authority ; thus a close liaison is kept between Tuberculosis Officers and the Medical Officer of Health. Working in conjunction with the Tuberculosis Officers are special nurses known as Tuberculosis Health Visitors, and these nurses are attached to the staff of the Divisional Medical Officer. In this way, your Medical Officer is kept fully conversant with the activities of the Tuberculosis Clinic and is able to work in harmony with the Tuberculosis Officer in dealing with the environmental factors involved in each particular case.

A Register of all notified cases of Tuberculosis both Respiratory and Non-respiratory, is kept by the Medical Officer of Health in his Department.

The following are the names of the Tuberculosis Officers and the times of the Clinics held :

Dr. E. Ratner, Exchange Buildings, Market Street, Mexborough.
Monday 10.30 a.m. ; Wednesday 10.30 a.m.

Dr. H. A. Crowther, Carnson House, Moorgate, Rotherham.
Friday, 10 a.m.—2 p.m.

3.—Venereal Diseases.

Treatment of Venereal Disease is also the concern of the Regional Hospital Board. There is no such Clinic in Swinton. Treatment and Diagnostic Clinics are held in the County Boroughs of Rotherham and Barnsley, and cases from Swinton Urban District are normally referred to these centres. Treatment is confidential, but a Social Worker is employed by the West Riding County Council to work in liaison with the Venereal Diseases Officer and the Medical Officer of Health.

Treatment Centre : Queens Road, Barnsley.

Times of attendance :		<i>Men.</i>	<i>Women and Children.</i>
Monday	..	10.30 a.m. to 12.30 p.m.	5.30 p.m. to 7.30 p.m.
Thursday	..	6 to 8 p.m.	Tues., Thurs, Friday. 2.30 to 4.30 p.m.

Treatment Centre : 12 Frederick Street, Rotherham.

Times of Attendance :		<i>Men.</i>	<i>Women and Children.</i>
Wednesday	..	9.30 a.m.—12.30 p.m. and 5.30—8.0 p.m.	—
Thursday	..	Nil	2—4.30 p.m.
Friday	..	..	5.30—7.30 p.m.
Saturday	..	..	9.30—12 noon.

4.—Ambulance Service.

The West Riding County Council are responsible for the provision of an Ambulance Service for the area. There is an Ambulance Depot at Dunford House, Wath. This depot provides a service for an extensive area, and has a sub-depot at Kiveton Park and Maltby. Formerly the Ambulance Service for the area was provided by ambulances attached to the Wath Wood and Rosehill Infectious Diseases Hospitals and the General Ambulance Service was operated from the Montagu Hospital, Mexborough.

5 —Laboratory Services.

These are now provided by the Sheffield Regional Hospital Board and the Public Health Laboratory at Wakefield.

SANITARY CIRCUMSTANCES OF THE AREA.

Housing.

There were 3,346 houses in the District at the year ended 31st December, 1948. The Registrar General's Estimate of the population is 11,390 and assuming this to be correct then the average number of occupants of each house is 3.4. Does this make the Housing Problem so acute as we imagine. The following tabulated statement shows the number of houses erected during 1948 :—

1. By the U.D.C.	..	..	..	90
2. By private enterprise	..	..	..	1
Total				91

Set out below is a tabulated statement showing the number of new houses since the cessation of war :—

1. Permanent	..	..	..	220
2. Temporary	..	..	..	128
Total				348

Water Supplies.

Water is obtained from the following sources :—

(a) Piccadilly Water Works	}	Wells.
(b) Wortley Avenue		
(c) Crossley Well		
(d) Birdwell		
(e) Warren Vale—Borehole.		

Bulk supplies are also obtained from Sheffield via the Rotherham and Rawmarsh Water Undertakings, and also by arrangement with Wath Urban District. The water obtained from the wells and borehole is subjected to filtration through open sand filters except in the case of the Piccadilly Well which is passed through a wood wool filter.

All waters are chlorinated before being delivered to the mains. The water is stored in underground reservoirs at the Gate Inn. These reservoirs have a capacity of 300,000 gallons approximately. There is also a high level tank with a capacity of 50,000 gallons.

All industries are connected to the town's supply. Messrs. Ward & Sons, Mineral Water Manufacturers, have two boreholes from which they obtain the major portion of their supply.

INFECTIOUS DISEASES.

I give details of notifications received during 1948 :—

Ward.	Measles.	Whoop. Cough.	Scarlet Fever.	Pneu- monia.	Puerp. Pyrexia	Malaria.	Erysi- pelas.
Kilnhurst ..	47	21	6	5	1	2	—
Swinton Bridge	8	—	3	1	—	—	—
Central ..	8	1	2	—	—	—	—
Park	17	12	13	1	—	—	2
Totals ..	80	34	24	7	1	2	2

Measles.

There was a nation-wide epidemic of measles during 1948. 80 cases were notified in the district. Kilnhurst bore the brunt of the attack. Little can be done to prevent the spread of Measles and there is no known means of immunising against attack. Immune Globulin modifies the disease but is not in general use and its widespread use is not advocated. Measles is apt to be complicated by Pneumonia and this often proves fatal. Even on recovery the lungs are left weak and there is always the danger of the path being made clear for tuberculous infection. Measles is a serious and dangerous disease and should be treated with respect. The future health of a child may readily hinge on an attack of measles.

Whooping Cough.

Thirty-four cases were notified during the year. There were no deaths. Like measles, Whooping Cough may cause permanent damage to the lungs. It is a difficult disease to treat. After-care should be provided to ensure that the lungs return to normal. This after-care should be provided at a Physiotherapy Unit of a Local Hospital. The Medical Research Laboratories are conducting field tests with a view to providing a patent and reliable Antigen for immunisation against the disease. One cannot say with certainty that the prophylactic materials available at present are capable of protecting against the disease, but it appears to be only a matter of time until success is achieved and the immunisation will be combined with that for Diphtheria.

Scarlet Fever.

Scarlet Fever is a mild disease at present. Care must be taken not to treat it lightly. The toxins associated with the disease are apt to insidiously affect the kidneys and heart musculature leading to invalidism later in life. All cases should be treated in Hospital and should receive Anti-streptococcal serum, which is said to minimise the toxic action of the disease on the kidneys and heart.

Diphtheria.

Once again no cases to report. Every effort is made to ensure that each infant and child in the district is immunised. Free immunisation is available through the Infant Welfare Clinics, School Medical Services and General Practitioners. The numbers immunised during 1948 were as follows :—

0—4	..	..	158	} Primary.
5—15	..	..	37	
Total	..		195	
All ages	..		185	Boosters.
Grand Total			380	

As will be seen in reading the Divisional Report, 80.5% of the children in Swinton are immunised against Diphtheria.

TUBERCULOSIS.

At the end of the year there were 58 cases on the "Active Register"—these were classed as follows :—

Respiratory Disease 20 Females 21 Males

Non-Respiratory Disease 7 „ 10 „

Nineteen new cases were notified during the year classed as follows :—

Respiratory Disease 9 Females 6 Males

Non-Respiratory Disease 3 „ 1 „

Eight deaths were attributed to the disease during the year classed as follows :—

Respiratory Disease 5 Females 3 Males

Non-Respiratory Disease Nil Nil

The age groups of new cases and deaths are given in the tabulated statements below :—

New Cases during 1949.

Age periods Years.			Pulmonary.		Non- Pulmonary.	
			M.	F.	M.	F.
0—1	..	..	—	—	—	—
1—5	..	..	—	—	—	—
5—15	..	..	1	—	1	—
15—25	..	..	3	3	—	1
25—35	..	..	2	5	—	1
35—45	..	..	—	1	—	—
45—55	..	..	1	—	—	1
55—65	..	..	—	—	—	—
65 and upwards	..	..	—	—	—	—
Totals	..	..	7	9	1	3

Deaths.

Age Periods Years.			Pulmonary.		Non- Pulmonary.	
			M.	F.	M.	F.
0—1	..	..	—	—	—	—
1—5	..	..	—	1	—	—
5—15	..	..	—	—	—	—
15—25	..	..	2	—	—	—
25—35	..	..	—	—	—	—
35—45	..	..	1	2	—	—
55—65	..	..	—	1	—	—
65 and upwards	..	..	—	1	—	—
Totals	..	..	3	5	—	—

National Assistance Act, 1948.

No action under Section 47 of the above Act was taken during the year.

ANALYSIS OF THE CAUSES OF DEATH.

There were 138 deaths registered to our District during 1948—as compared with a total of 127 during the previous year. The sex incidence was equal being 69. The Death Rate for the year was 12.11 compared with 11.37 last year. Eleven infant deaths occurred and 5 of these were in the neo-natal period. The Infant Mortality rate of 44.3 compares favourably with last year's rate of 44.4. Further comments on Infant Mortality will be found in the Divisional Report.

Heart Diseases.

Deaths under this heading numbered 43 (20 males and 23 females). It is probable that some of these deaths were preventable in the true sense insofar as the heart lesion may have had its origin in diseases of childhood or adolescence. The part played by Rheumatic, Infectious and Venereal diseases in the causation of heart disease are belonging to the realm of Public Health. The clinical manifestations of gross disease are apparent. It is, however, the aim of Preventive Medicine to ensure that early detection and efficient treatment should be given where the disease is established and every effort should be brought to bear against all the factors which help in the spread of these diseases. The Public Health Act of 1875 gave power to Local Authorities to erect Fever Hospitals. Such powers were stimulated by severe outbreaks of cholera and smallpox. Gradually all Infectious Diseases cases were admitted to such hospitals for treatment and the good results to the General Public Health became apparent. Nowadays with few exceptions, the infectious diseases are of a mild type and to my mind herein lies their danger. Light hearted treatment of Scarlet Fever for example may result in carditis or Nephritis. All cases of Scarlet Fever should be admitted to Hospital as early as possible in order to ensure that no permanent damage occurs to the heart or kidneys—leading to heart and kidney disease in late life. Similarly Rheumatic infections should qualify for expert hospital care and Hospitals or Homes for Rheumatic children should be freely available. It has well been shown that arrangements can be made for educational facilities to be provided at such hospitals or homes. The important factor in the treatment of Rheumatic Carditis is rest and rest should be provided before the onset of carditis. There is then great scope for investigating the causative factors of Heart Disease and for the study of the means of their prevention. Powers to carry out this work would come under Section 28 of the National Health Service Act.

Tuberculosis.

This disease was responsible for 8 deaths (3 males and 5 females). All were due to disease of the Respiratory organs. The age groups are given in the tabulated statement.

Cancer.

Deaths in this category totalled 13 (5 males and 8 females). This gives a Cancer Death rate of 1.14 and compares favourably with the rate of 2.06 for 1947, when there were 23 deaths attributed to it.

Infectious Diseases.

The Zymotic Death rate was 0.18. Six deaths were attributed to Pneumonia (4 males and 2 females).

DEATHS FROM ALL CAUSES.

Cause of Death.						Males.	Females
Typhoid and Paratyphoid Fevers	..	..	..	..	..	—	—
Cerebro-Spinal Fever	..	..	..	..	..	—	—
Scarlet Fever	..	..	..	..	..	—	—
Whooping Cough	..	..	..	..	..	—	—
Diphtheria	..	..	..	..	..	—	—
Tuberculosis of Respiratory System	..	..	..	..	..	3	5
Other forms of Tuberculosis	..	..	..	..	..	—	—
Syphilitic Diseases	..	..	..	..	..	—	—
Influenza	..	..	..	..	..	—	—
Measles	..	..	..	..	..	—	—
Acute Poliomyelitis and Polioencephalitis	..	..	..	..	..	—	—
Acute Infective Encephalitis	..	..	..	..	..	—	—
Cancer of buccal cavity and oesophagus (M.) and uterus (F.)	..	..	..	..	..	—	—
Cancer of stomach and duodenum	..	..	..	..	..	2	2
Cancer of breast	..	..	..	..	..	—	1
Cancer of all other sites	..	..	..	..	..	3	5
Diabetes	..	..	..	..	..	—	4
Intra-cranial Vascular Lesions	..	..	..	..	..	6	4
Heart Diseases	..	..	..	..	..	20	23
Other Diseases of Circulatory System	..	..	..	..	..	2	3
Bronchitis	..	..	..	..	..	3	3
Pneumonia	..	..	..	..	..	4	2
Other Respiratory Diseases	..	..	..	..	..	1	—
Ulcer of stomach and duodenum	..	..	..	..	..	2	—
Diarrhoea (under 2 years of age)	..	..	..	..	..	1	1
Appendicitis	..	..	..	..	..	—	—
Other Digestive Diseases	..	..	..	..	..	1	4
Nephritis	..	..	..	..	..	1	4
Puerperal and Post-abortive Sepsis	..	..	..	..	..	—	—
Other maternal Causes	..	..	..	..	..	—	—
Premature Birth	..	..	..	..	..	4	—
Congenital malformations, birth injuries, infant dis.	..	..	..	..	..	1	—
Suicide	..	..	..	..	..	1	—
Road Traffic Accidents	..	..	..	..	..	1	—
Other violent causes	..	..	..	..	..	4	1
All other causes	..	..	..	..	..	9	7
						—	—
						69	69
						—	—

SWINTON URBAN DISTRICT COUNCIL

Annual Report of the Sanitary Inspector for the Year 1948

*To the Chairman and Members of the
Swinton Urban District Council.*

Mr. Chairman, Gentlemen,

I set out as briefly as possible work done during the year 1948.

INSPECTION WORK

Public Health Acts.

Drainage :						No
Choked, removed, i.e., by owners	..	..	..	..		7
by Council under scheme	..	..	..	..		57
New Drains provided and tested	..	..	..	..	..	50
Old Drains tested	..	..	..	..	..	75
Old Drains taken up and disbanded	..	..	..	..	..	38
New and additional gullies provided	..	..	..	..	..	19
Old Gullies done away with	..	..	..	..	..	4
Inspection Chambers :						
Provided where previously non-existent	..	..	..	..	..	12
Repairs to existing chambers	..	..	..	..	..	2
Houses :						
Defective Chimneys, Flashings, Flues, Stacks and Pots	..	..	..	..	..	37
Defective Ovens renewed	..	..	..	..	..	10
Defective Firebars renewed	..	..	..	..	..	19
Defective Side Boilers renewed	..	..	..	..	..	8
Fireplaces reset, repaired and renewed	..	..	..	..	..	29
Smoke nuisances remedied	..	..	..	..	..	4
Plastering of internal walls and ceilings	..	..	..	..	..	258
Dampness of walls and ceilings remedied	..	..	..	..	..	187
Washing Coppers renewed	..	..	..	..	..	17
Windows, Frames, Sashes and Cords renewed	..	..	..	..	..	42
Doors repaired and renewed	..	..	..	..	..	11
Floors renewed	..	..	..	..	..	18
Roofs repaired	..	..	..	..	..	43
Pointing of house walls	..	..	..	..	..	27
Cellars, grates, kerbs, etc.	..	..	..	..	..	10
Defective flashings to windows	..	..	..	..	..	6
Dangerous Scullery rebuilt	..	..	..	..	..	1
Effluvium nuisances in houses	..	..	..	..	..	5
Yards paved to	..	..	..	..	..	5 houses

Roof Drainage :							No.
Repairs and renewals of eaves, gutters and fallpipes							65
Sinks and Sink Drainage :							
Sinks and sink waste pipes renewed							26
Defects in drainage							20
General :							
Verminous houses							15
2 Council houses were disinfected with H.C.N. by a private firm of fumigators							
Water Closets :							
General defects remedied (cisterns and basins)							29
Defective pail closets							2
Informal Notices :							
Served (written and verbal)							608
Letters written as reminders to all notices							60
Letters written on various general subjects							50
Formal Notices : (Total)							33
Section 93 P.H.A., 1936							24
Section 75 P.H.A., 1936							7
Section 9 Housing Act, 1936							1
Section 11 Housing Act, 1936							1
In hand at 31st December, 1948 :							
Formal							6
Informal							42
Additional fresh water closets provided : (Total)							259
Additional to dwellinghouses							3
New Houses							248
Other Buildings							4
Conversion of Waste Water Closets							4
Closets disbanded : (Total)							14
Pails (Condemned houses)							2
Water Closets (demolished on other buildings)							5
Privies done away with							2
Ashpits done away with							1
Waste water closets converted to pedestal W.C's.							4
Sanitary Dust Bins :							
Dilapidated (renewed) (Total)							330
By Owners							208
By Council on repayment							122
Struck Off, demolished property							3
Additional Bins—New Houses, etc.							171

COLLECTION AND DISPOSAL OF HOUSE REFUSE.

Transport : 2—S. & D. Freighters, 7 and 9 cube yard body respectively.
1 Morris 30 cwt. and 1 Bedford 3 ton General Purposes Lorries.

Labour : 1 Driver and 2 fillers to each Freighter.
1 Driver for Morris Lorry.
1 Driver for Bedford Lorry.
2 Tip Levellers.
1 Woman baling paper, washing jars, etc.

Disposal : 100% controlled tipping on tip at Sewage Works.

The disposal work generally has been carried out satisfactorily and without nuisance.

AMOUNT OF WORK DONE.

Total pits emptied	.. .. .	60
Total loads removed (all refuse)	.. .. .	2028
i.e., Ashpits, refuse only—Morris Lorry	.. 3	
Freighters	.. 10	
Dry refuse bins only—Freighters	.. 1854	
Morris Lorry	.. 161	
Loads tipped on Council Tips : (Total)	..	2028
Swinton (Sewage Works) (Controlled Tip)	.. 2028	
Mileage Run : (Total)	.. .. .	13421.7
Freighter No. 1	.. .. . 3662.3	
Freighter No. 2	.. .. . 2423.0	
Morris Lorry	.. .. . 2449.4	
Bedford Lorry	.. .. . 4887.0	
Salvage Work : (Total Loads)	.. .. .	1069
Morris Lorry Loads	.. .. . 169	
Bedford Lorry Loads	.. .. . 900	

ANALYSIS OF WEIGHTS.

Vehicle	Refuse	Loads	Tons	Av. Wt. per load			Av. Wt. per bin	Av. No. Bins per load	TIPPING	Number of bins emptied
				T.	C.	Q.			Sewage Works tons	
Freight. 1	Bins	935	1368	1	9	1	35.92	91.00	} 3163	85239
Freight. 2	Bins	919	1654	1	16	0	46.50	86.72		79698
Morris Lorry	Bins	161	141		17	2	35.30	55.67		8960
Morris Lorry	Nightsoil	3	3	1	0	0	} —	—	17	—
Freighters	Nightsoil	10	14	1	8	0				
Bedford Lorry	Salvage	900	137½	—	—	—	—	—	—	—
Morris Lorry	Salvage	169								
		3097	3317½						3180	173897

WORKING COSTS.

<i>Collection.</i>				<i>Wages.</i>			<i>Working Costs.</i>		
Refuse	..	..	..	1716	17	8	30	0	0
Repairs	..	..	..	111	19	4			
I.D.P.	..	..	..	1	14	4			
Holidays	..	..	..	136	17	10			
Sick Pay	..	..	..	82	9	6			
Rats and Mice	..	..	..	13	14	5			
Highways Department	..			7	4	4			
Income Tax Refunds	..				1	0			
Establishment	..	..			11	10			
Water Works	..	..		5	17	0			
Sewers	..	..	..	4	7	6			
Parks ..	..	..	..	3	0	6			
Lorries (Running Expenses)							347	19	1
Lorries (Licences and Insurance)							150	0	0
Health & Unemployment Insurance							113	6	9
Superannuation	..	..					75	0	11
<i>Disposal.</i>									
Tips—Labourers, wages and transport	..	..	..	639	16	7	45	0	0
<i>Salvage of Materials.</i>									
Wages	..	..	..	616	19	6			
				<hr/>			<hr/>		
				£3341	11	4	£761	6	9
							£4102	18	1
<i>Deductions from Gross Cost :—</i>									
<i>Collection.</i>									
Drain Clearances	..	..		9	19	6			
Parks ..	..	..	..	3	0	6			
I.D.P.	..	..	..	1	14	4			
Highways Department	..			7	4	4			
Rats and Mice Destruction..				13	14	5			
Lorry and Wages A/c.									
(Private Work—Salvage)				29	16	3			
Water Works	..	..		5	17	0			
Sewers	..	..	..	4	7	6			
Establishment	..	..			11	0			
Salvage (Gross Revenue)	..			853	17	5			
				<hr/>			<hr/>		
							930	2	3
							<hr/>		
Nett Cost ..							£3172	15	10
							<hr/>		

Summary of Nett Costs.

					£	s.	d.
Collection	..	..	..	..	2533	5	3
Disposal	..	..	..	..	639	10	7
					<hr/>		
					£3172	15	10
					<hr/>		

Costs.

	<i>Collection.</i>			<i>Disposal.</i>			<i>Total Cost.</i>		
	£	s.	d.	£	s.	d.	£	s.	d.
	2533	5	3	639	16	7	3172	15	10
Cost per House		15	1.7		3	9.9		18	11.6
Cost per 1,000 Houses ..	757	1	8	191	5	0	948	6	8
Cost per 1,000 population	226	19	5	57	5	2	284	4	7

SALVAGE OF MATERIALS.**Year ended 31st December, 1948.**

	Detail.	Weights. T. C. Q.			£	s.	d.
Paper, Cardboard, etc. :							
Mixed Paper	1913 bales	91	0	0	618	1	0
Selected Paper		7	14	0	53	18	0
Kraft Multi-ply Bags ..		5	9	0	35	8	6
Textiles :							
Rags and Wools		1	3	3	17	10	3
Bagging, Sacking and String			4	3	2	19	11
Jars and Bottles :							
Jars—2 lbs.	37 doz.		3	2	1	17	0
1 lb.	1251 doz.	6	2	2	46	18	7
Bottles	346 doz.	1	14	0	31	17	6
Cullet		16	18	1	16	18	3
Scrap Metal		6	10	2	16	11	6
Non-Ferrous Metals :	C. lbs.						
Aluminium	1 48				2	10	0
Brass	2 84				5	0	0
Lead	0 48		5	3		17	2
Spelter and Zinc	0 20					2	1
Copper	1 13				2	1	8
Pewter	0 2					2	0
Household Bones			4	0	1	3	0
Miscellaneous						1	0
	Totals ..	137	10	0	£853	17	5
Cost :							
Wages	616 19 6				616	19	6
Credits :							
Wages and Lorry A/c. ..	29 16 3				29	16	3
					587	3	3
Excess Revenue over Expenditure					£266	14	2

The gross tonnage and the gross revenue received from Salvage from 20th March, 1940, to date, is set out as follows :—

					Detail.	Weights			T. C. Q.		
						T.	C.	Q.	T.	C.	Q.
Paper :											
Mixed	..	..	..	11370 bales	666	9	3				
Selected	..	..	..		75	3	3				
Kraft	..	..	..		29	15	3				
						<hr/>			771	9	1
Scrap :											
Tins	..	..	..		169	3	0				
Steel	..	..	..		17	9	1				
Heavy	..	..	..		40	6	1				
Light	..	..	..		26	6	3				
						<hr/>			253	5	1
Textiles :											
Rags	..	..	..		32	2	3				
Wools	..	..	..			14	3				
Bagging	..	..	..		15	12	2				
						<hr/>			48	10	0
Jars and Bottles :											
Jars—2 lbs.	..	..	..	1825 doz.	8	19	0				
1 lb.	..	..	..	12258 „	60	1	3				
Pickle Jars	..	..	..	184 „		18	0				
Wine Bottles	..	..	..	2441 „	12	0	0				
						<hr/>			81	18	3
Cullet	..	..	..		188	1	1	188	1	1	
Non-Ferrous Metals	..	..	..		4	9	1	4	9	1	
Household Bones	..	..	..		14	5	0	14	5	0	
Rubber	..	..	..		11	10	1	11	10	1	
						<hr/>			1373	9	0

Gross Revenue .. £6709 3s. 9d.

I set out below the numbers and kinds of the sanitary conveniences in the district at the year end :—

					No. of		No. of other	
					houses		buildings	
					No.	with	with	
Ashpits	..	..	..	..	12	19	0	
Privies	..	..	..	..	19	19	0	
Water Closets :								
Fresh Water (Pedestal)	..	..	..	..	3911	3356	99	
Fresh Water (Troughs)	..	..	..	..	10	1	1	
Waste Water	..	..	..	..	0	0	0	
Pail Closets	..	..	..	..	26	12	6	
Sanitary Dust Bins	..	..	..	..	3418	3305	54	

Complaints of Nuisances Received.

The complaints of nuisances received and dealt with during the year were 156 in number, as set out in the Complaints Received record.

VARIOUS PREMISES (INSPECTIONS AND RECORDS).

Cowsheds and Dairies :

Number	12
Number of inspections	60
Average Number of Cows kept	54
Dairies and Milkshops :	
Number of inspections	15
On Register :	
Retailers only (Undesignated) (outside districts)	4
Cowkeepers who are retailers	2
Cowkeepers who are wholesalers	3
Retailers—T.T. Milk	6
Retailers—Pasteurized Milk	2
Letters Written	6

Factories.

Bakehouses :	
On register	2
Number of Inspections	7
Factories :	
On register	28
With mechanised power	25
Without mechanised power	3
Number of Inspections	79

17 Letters were written in connection with Factories.

Certificates under Section 34 as to means of escape in case of fire were issued in respect of 12 factories during the year.

Improvements and alterations to Sanitary accommodation at two factories were carried out.

Smoke Abatement.

The Council are members of the National Smoke Abatement Society and the questionnaire in connection with the National Survey of the Sources and Incidence of Atmospheric Pollution was completed by me on the instructions of the Council.

No observation of chimneys was carried out during the year.

Generally all premises are kept satisfactory.

Schools.

Number of visits	17
--------------------------	----

Offensive Trades.

Number of Inspections (Total)	69
Fish Frying	12
Maggot Breeder	1
Marine Stores	1

One fish frying premise was provided with a new independent flue to range.

Slaughter Houses.

One Licence, i.e., Knackers Yard, in force :

Number of Inspections	10
-------------------------------	----

Public Health Meat Regulations, 1924.

Number of carcasses inspected on :—

Licensed premises—Pigs	..	..	..	..	..	33
Unlicensed premises—Pigs	..	..	..	..	..	46
Condemnation of heads and mesenteries were necessary in five cases.						

Slaughter of Animals Act, 1933.

3 Renewals of Licences to use the humane killer were issued during the year.

Canal Boats.

Number on register	..	..	..	..	..	5
Number of inspections	..	..	..	..	..	11

Infectious Diseases.

Number of visits (Total)	..	..	..	..	..	25
After Scarlet Fever	..	..	..	..	..	24
After Diphtheria	..	..	..	..	..	1

Entertainment Houses.

Five visits were made to the Picture House during the year (Out of Entertainment Hours).

Infestation Order, 1943, and Rats and Mice Destruction Order, 1919.

Totals of work done during the year are as follows :—

Premises dealt with.	No. of points baited.	Actual baits laid.			Actual Carcasses Recovered.
		Pre-bait.	Poison.	Post-bait.	Rats.
6	43	169	24	9	5

Materials used were :—

Baits .. Bread Mash and Sausage Rusk.

Poison .. Zinc Phosphide and Arsenic.

Premises dealt with were chiefly Industrial.

Although the number of carcasses actually recovered compared with the amount of work done is small, the results achieved have been most successful, as premises formerly infested have been definitely cleared and there is certainly a falling off of the number of premises infested, particularly it has not been necessary during the year to treat the Maggot Breeding premises or the Knackers Yard.

During the year the sewers were given two maintenance treatments and 65 and 53 manholes respectively, in the District, were baited with satisfactory results.

Rag Flock Acts, 1911 and 1918.

No action has been taken during the year.

Shops Act, 1934.

Seven visits under Section 10 and 13(3) were paid to shops.

Drain Stoppages.

In 57 instances, drains of private properties were cleared by this department under the Scheme inaugurated for removing simple stoppages from drains, thus preventing nuisances arising from this source continuing.

Food & Drugs Act, 1938—Section 17.

Investigations were made by me and reports made to the Medical Officer of Health on seven cases of notified suspected Food Poisoning during the year.

Eradication of Bed Bugs.

Number of Council Houses found to be infested	..	..	..	16
Number disinfected	..	..	..	16
Other houses found to be infested	..	..	..	35
Number disinfected	..	..	..	35

Methods adopted for disinfection are spray with a satisfactory insecticide.

Two Council Houses were fumigated by a contracting firm with H.C.N. Gas.

Housing Acts.

Internal and external repairs of properties has been carried out by informal action chiefly.

The work of repair of four houses in Prince Street was done by the Council in default of the owner during the year, expenses being recovered.

Overcrowding.

A separate statement is given as to the position at the end of the year.

INSPECTION OF FOODSTUFFS.

The following articles of food have been condemned by me as unfit for human consumption, in every case being surrendered, and were destroyed.

<i>Article.</i>	<i>No.</i>	<i>Weight lbs.</i>
Tinned Milk	219	204
Tinned Fish	41	30
Tinned Meat	75	77
Flour	3	9
Tinned Preserves	43	57
Tinned Vegetables	83	115

<i>Article.</i>	<i>No.</i>	<i>Weight lbs.</i>
Tinned Fruit	84	255
Yeast	3	21
Fresh Fruit	2	33
Tinned Soup	8	8
Biscuits	1	10
Fresh Vegetables	—	98
Fresh Fish	3	308
Bacon	1	4½
Cream Powder	10	1120
Pigs' Heads	5	61
Totals	581	2410½

SAMPLING.

During the year I took 25 samples of milk for Bacteriological Examination by the Methylene Blue and Phosphatase Tests and give below the results as reported to me by the Analyst.

Where samples are reported as unsatisfactory, I follow them up by repeat samples, and take necessary action until an improvement is obtained.

27 Letters were written in respect of these Milk Samples.

Milk.

Sample No.	Laboratory No.	Analyst's Report.	
		Phosphatase Test.	Methylene Blue Test.
158	14987	Not applied	Unsatisfactory
159	14988	„	Satisfactory
160	14989	„	Unsatisfactory
161	14990	Satisfactory	Satisfactory
162	16700	„	„
163	16702	„	„
164	16698	Not applied	„
165	16699	„	„
166	20372	„	Unsatisfactory
167	20373	„	„
168	20375	Satisfactory	Satisfactory
169	20376	„	„
170	20372	Not applied	Unsatisfactory
171	20377	Satisfactory	Satisfactory
172	21989	„	„
173	21990	„	„
174	51071	Not applied	Unsatisfactory
175	51070	„	„
176	51077	Satisfactory	Satisfactory
177	51072	Not applied	„
178	51073	„	„
179	51074	„	„
180	51075	„	Unsatisfactory
181	51076	„	Satisfactory
182	51078	Satisfactory	„

In conclusion I beg to thank the members for their support and my sincere thanks to Dr. Eustace for his great help and valued advice given to me in the performance of my duties during the year.

I beg to remain,

Mr. Chairman and Gentlemen,

Yours obediently,

E. ADAMS,
Sanitary Inspector.

HOUSING STATISTICS FOR THE YEAR 1948.

1.	Total number of dwelling houses inspected	301
	(a) Public Health Acts	131
	(b) Housing Acts	170
2.	Number needing further action	301
	(a) Number rendered fit by owners	249
	(b) Number rendered fit by local authority in default of owners	—
	(c) Number still in hand	52
	(d) Number unfit for human habitation	2
3.	Number of Demolition Orders made and which be- came operative	—
4.	Number of houses erected during 1948	173
5.	Total houses in district	3346
	Total number of working class houses included in above	2497
6.	Name and address of designation officer under Housing Consolidated Regulations :— Ernest Adams, Council Offices, Swinton.	
7.	Overcrowding :	
	(a) (1) Number of dwellings overcrowded at the end of the year	27
	(2) Number of families dwelling therein ..	36
	(3) Number of persons dwelling therein ..	244
	(b) Number of new cases of overcrowding reported during the year	9
	(c) (1) Number of cases of overcrowding re- lieved during the year	22
	(2) Number of persons concerned in such cases	97

204 Letters were written giving reports on cases of overcrowding and unsatisfactory conditions of housing.

COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE DIVISIONAL SCHEME OF PREVENTIVE MEDICAL SERVICES

Division No. 26

Comprising the Urban Districts of
WATH-UPON-DEARNE, SWINTON and RAWMARSH.

DIVISIONAL HEALTH STAFF.

Divisional Medical Officer and Divisional School

Medical Officer :

Dr. A. EUSTACE, M.B., B.Ch., B.A.O., L.M., B.Sc., D.P.H.

Assistant County Medical Officers :

Dr. M. A. T. J. CURTIN, M.B., B.Ch., B.A.O., D.P.H., D.C.H.

Dr. F. FISCHER, M.D. (Vienna).

Part Time Medical Officers :

Dr. D. PINDAR, M.B., B.Ch.

Dr. D. CHAPMAN, M.B., B.Ch.

Dr. H. A. ADAM, M.B., B.Ch.

Dr. S. O. HATHERLEY, M.R.C.S., L.R.C.P.

Dr. G. J. O'KEEFE, M.B., B.Ch., B.A.O.

Specialists :

W. L. ROWE, Esq., M.B., B.Ch., F.R.C.S. (Ear, Nose and Throat).

D. H. RUSSELL, Esq., F.R.C.S. (Orthopaedics).

Dr. C. C. HARVEY, B.Sc., M.D., B.S., F.R.C.S., M.R.C.P. (Paediatrics).

Health Visitors :

Wath-upon-Dearne	..	Miss C. Lascelles	Mrs. R. Robinson
		Miss E. McBride	

Swinton	..	Miss M. Newbould	Miss B. E. Smith.
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Rawmarsh	..	Mrs. C. M. Sheldon	Miss A. Fairclough.
		Mrs. M. Jenkinson.	

Home Nurses.

Wath-on-Dearne	..	Miss C. W. Winch.	
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Swinton	..	Miss M. Linegar	Mrs. F. Launders.
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Rawmarsh	..	Miss M. Welton	Miss N. A. Rodgers.
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Midwives :

Wath-upon-Dearne	..	Mrs. A. Hessam	Miss M. Barber
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		Mrs. V. Beaumont	Miss A. Vernon.
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Swinton	..	Miss M. Linegar	Mrs. M. Woodhouse
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		Mrs. F. Launders	Mrs. N. Parker
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		Mrs. V. Tunney (Relief)	
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Rawmarsh	..	Miss M. Welton	Mrs. L. Bradley
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		Mrs. J. Savage	Miss L. Bamford
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Clerical Staff :

Mr. James Chambers (Chief Clerk).

Other Clerical Staff :

Mr. R. M. Martin	Mr. F. Pinnock	Mr. R. O'Donoghue
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Mr. B. Clapham.	Mrs. H. M. Longbottom
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Miss A. Watson	Miss Elaine Holmes
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PUBLIC HEALTH SERVICES UNDER PART 3 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

Summary of Vital Statistics, 1948.

Area of Division	7,990 acres.
Estimated Population	43,700
Birth rate (per 1,000 estimated population)	20.3
Death rates (per 1,000 estimated population) :	
All causes	11.7
Cancer	1.60
Heart and Circulatory	3.75
Diarrhoea under 2, per 1,000 live births	12.39
Zymotic	0.32
Respiratory diseases	1.35
Respiratory Tuberculosis	0.50
Other Tuberculosis	0.02
Total Tuberculosis	0.53
Maternal Mortality	1.10
Infant Mortality	58.5

Births.

The number of live births in the Division during the year 1948 was 888 (470 males and 418 females). During the year there were 19 stillbirths (10 males and 9 females).

Illegitimate births totalled 40, of which number 11 were males and 29 females. A comparative graph showing the Live Birth Rates for the three Urban Districts is given as an Appendix to this Report.

Deaths.

The number of deaths in 1948 totalled 511 (272 males and 239 females) giving a crude Death Rate of 11.7. The most disturbing fact in the death statistics is the number of deaths of infants under 1 year of age totalling 52 for the Division, which gives the abnormally high infantile mortality rate of 58.5 for the Division as a whole.

STATISTICS FOR URBAN AND RURAL DISTRICTS IN THE WEST RIDING AND ENGLAND AND WALES FOR 1948.

Annual Rates per 1,000 of the Estimated Population.

	Live Birth Rate.	Death Rate.	Zymotic Death Rate.	Respiratory Diseases Death Rate.	Heart and Circulatory Diseases.	Cancer.	Tuberculosis Death Rate.	Infant Mortality.	Diarrhoea Deaths under 2 per 1000 Live Births
Division 26 ..	20.3	11.7	0.32	1.35	3.75	1.60	0.53	58.5	12.39
U.D.'s in									
West Riding	18.3	11.8	0.12	1.34	3.98	1.83	0.44	38	4.17
R.D.'s in									
West Riding	19.2	9.8	0.12	0.15	3.03	1.49	0.43	40	4.97
West Riding									
Administrative County	18.5	11.3	0.12	1.29	3.73	1.74	0.44	39	4.38
England and									
Wales ..	17.9	10.8	*	*	*	1.86	0.51	34	3.3

*Figures not yet available.

Infant Mortality.

In 1948 there were 52 deaths of Infants in the Division, representing a rate of 58.5 per 1,000 live births. This rate is nearly double the rate for the whole of England and Wales and cannot be regarded, under any circumstances, with satisfaction. Of these 52 infants, 31 deaths occurred in the neo-natal period, i.e. during the first month of life, and it is this period in the infant life which required the best attention and most careful nursing.

The Infant Mortality rate for the Division gives much cause for concern. It is opportune here to refer to the Child Welfare Scheme so that it can be seen what is being done in dealing with this aspect of the Preventive Service. The preservation of infant health commences during the ante-natal period. Every time a female child is born ante-natal care commences, and it is the duty of parents, doctor and midwife and Health Visitor to ensure that such a child is reared healthy and free from deficiency diseases—thus obviating, for example, faulty pelvic development. Mothers who elect to have their babies at home are normally attended by a midwife, under the general supervision of their family doctor. The ante-natal care is carried out by the midwife, doctor and possibly the Clinic. It is now routine practice at all clinics for every expectant Mother to undergo the following investigations :—

- (1) Estimation of the Haemoglobin in the blood, i.e. to estimate the amount of "Oxygen Bearer" compound in the blood.
- (2) Estimation of the blood cell count—to ascertain the degree of anaemia present.
- (3) The determination of the Wasserman reaction of the blood to eliminate the presence of Venereal Disease.
- (4) Testing for the presence of the Rhesus factor in the blood.
- (5) Urine testing for abnormal constituents.
- (6) Blood pressure estimation.
- (7) Special investigations as indicated.

In addition each patient has a general examination with special regard to lungs, heart, kidneys and is referred for dental treatment if required. The meaning behind these investigations is to ensure that the health of the Ante-Natal mother is maintained at as high a level as possible. Where defects are found treatment is immediately instituted and in the ideal district the clinic and hospital staffs, together with the General Practitioner and Midwife work as a team in the common interest of the mother and her expected child. It will be appreciated that a great deal of the onus for infant mortality lies with the mother herself. She should undergo ante-natal supervision from her earliest days of pregnancy—thus ensuring that the physiological requirements of pregnancy are met. Free issues of vitamins, Iron, Calcium, etc., are made by the Clinic, and mothers are encouraged and advised to avail of these facilities. The Maternity and Child Welfare Schemes are backed by the Consultant Hospital services. Priority admission to hospital is given for obstetrical emergencies, complicated pregnancy or any other conditions arising during the ante-, intra or post partum period. The priority scheme for

Institutional confinement operating in the Rotherham and Mexborough Management Committee area is as follows :—

- (1) Emergencies.
- (2) History of complicated pregnancies.
- (3) Primigravida—first pregnancies.
- (4) Women who have had 5 previous pregnancies.
- (5) Unsuitable Housing or Home conditions.

In addition a Home Help Scheme operates and is applicable to mothers who elect to have their confinements at home.

In Domiciliary cases the midwife conducts the confinement, calling the Family Doctor if necessary, and looks after the mother and baby up to and including the 14th day. As soon as the midwife's duty ends the Health Visitor takes over and visits the mother and baby, offering her advice and giving her every help, discusses the feeding, hygiene and general management of the new baby. Mother is encouraged to attend the local Infant Welfare Centre regularly in order to have baby weighed, to receive advice and to be seen by the Clinic Doctor at regular intervals.

Where an infant is born prematurely in the district, arrangements are made by the Divisional Medical Officer to send special equipment, known as the "Sorrento Cot" to the house. A midwife specially trained in the care of such infants is sent to supervise the case. In this connection every encouragement is given to the family practitioner to directly interest himself in the case, and the West Riding County Council also have a Child Health Specialist available for Domiciliary consultation—if the general practitioner is agreeable. The "Sorrento Cot" is specially designed for the succour and nursing of premature infants, and the equipment includes special feeding apparatus, thermometer control, special clothing, etc.

52 Infants died in their 1st year in the Division during the year under review. Of these 31 died during their first month of life. The hard core of infant mortality is the first month of life—the neo-natal period. 30 infants died in Hospital, leaving 12 Domiciliary deaths.

The main causes and the ages at death are given below :—

Wath-on-Deerne Urban District.

(a) Domiciliary.

6 hours	Prematurity and Congenital atelectosis.
12 „	.. Prematurity.
2 days	.. Prematurity.
2 weeks	.. Broncho Pneumonia and Prematurity.
1 month	.. Gastro-Enteritis.
1 „	.. Hydrocephalus and Spina Bifida.
2 months	.. Broncho-Pneumonia.
4 „	.. Broncho-Pneumonia.
5 „	.. Gastro-Enteritis.

(b) Institutional.

5 hours	..	Prematurity.
1 day	..	Prematurity.
2 weeks	..	Congenital abnormalities.
2 „	..	Broncho Pneumonia.
2 „	..	Congenital heart disease.
3 „	..	Extreme prematurity.
1 month	..	Sub-maxillary cellulitis.

Swinton Urban District.*(a) Domiciliary.*

2 hours	..	Prematurity.
3 „	..	Prematurity.
2 days	..	Prematurity.
1 week	..	Acute vomitus and diarrhoea.
5 weeks	..	Exhaustion and acute gastro-enteritis.
2 months	..	Broncho Pneumonia and upper respiration.
12 „	..	Cardiac failure and bronchitis pertusis.

(b) Institutional.

1 week	..	Marasmus.
3 months	..	Pneumonia.
4 „	..	Respiratory obstruction, papilloma of larynx and tracheotomy.
7 „	..	Broncho pneumonia and retro Pharyngeal abscess.

Rawmarsh Urban District.*(a) Domiciliary.*

1 day	..	Prematurity.
2 months	..	Broncho Pneumonia.
4 „	..	Meningococcal Septicaemia.
4 „	..	Asphyxia due to obstruction of external orifices.
7 „	..	Acute cardiac failure and Myotonia Congenita.

(b) Institutional.

3 hours	..	Prematurity.
9 „	..	Prematurity.
1 day	..	Prematurity.
2 days	..	Congenital abnormalities.
1 week	..	Gastro-Enteritis.
1 „	..	Marasmus.
3 weeks	..	Gastro-Enteritis.
1 month	..	Gastro-Enteritis.
1 „	..	Septicaemia and acute Osteomyelitis of Fibia.
2 months	..	Broncho-Pneumonia and Congenital Heart disease.
3 „	..	Acute Gastro-Enteritis.
4 „	..	Meningitis and Influenza.
6 „	..	Gastro-Enteritis.
7 „	..	Gastro-Enteritis.
12 „	..	Broncho-Pneumonia.

Six deaths of infants were due to Congenital abnormalities including 2 cases of Congenital Heart Disease. With our present knowledge there appears to be no way of checking this source of wastage of infant life. German Measles (a Virus Infection) during pregnancy has been held responsible for a certain percentage of these cases. The evidence at present appears inconclusive but Pyrexia during pregnancy may result in abnormality of the foetus leading to incomplete development. Very little can be done to save the lives of infants born with developmental abnormalities—and until we understand more about the factors which influence pre-natal existence we can expect little improvement in the number of deaths from these causes.

Eleven infants died from Gastro-Enteritis. It is probable that these could be described as preventable deaths. Gastro-Enteritis is a disease of varying severity and complex aetiology.

The greatest single factor militating against the prevention and treatment of this disease is that it is not notifiable. Prompt and early treatment hold the only hope of saving cases of infantile gastro-enteritis. The proper place to treat such cases is in an Isolation Hospital, with a specially staffed gastro-enteritis unit. The matter is not a simple one, but I outline below a procedure which would help to combat the disease.

(1) Notification by General Practitioners to the Local Medical Officer of Health. This in the absence of legislation would be voluntary.

(2) Following notification a visit by the Medical Officer of Health to enquire into the environmental conditions, feeding habits, etc., for the infant.

(3) Admission to a Gastro-enteritis unit having the services of a Paediatrician and Fever trained medical officer.

The successful approach to the disease, therefore, is one which utilises the 3 main branches of the new Health Service, viz., the General Practitioner services, the Local Health Authority Services and the Hospital Services. This team work together for the common interest of the infant. On discharge from hospital the Local Medical Officer can arrange for after-care through the services of the Health Visitors and Home Nurses. It is obvious that the whole procedure would hinge on *notification* and then on the availability of beds and staff in the isolation hospitals. It would be useless to admit cases to Hospital unless special facilities were available for treatment.

Prematurity accounted for 12 deaths. Some of these deaths are inevitable being due to such conditions for example as Placenta Praevia. Every effort is made at Ante-Natal Clinics to ensure that the physiological requirements of pregnancy are safeguarded. Each expectant mother is given a thorough examination and she is advised re her diet and personal Hygiene; Dietetic deficiencies are rectified and emphasis is laid on the necessity of adequate rest. Facilities are available for “rest cures” in Ante-Natal Hostels where required. It is by this care that pregnancy can be made to run its full course and with adequate care a large percentage of Premature births can be prevented. Toxaemia of pregnancy and multiple births are high in the list of the causes of prematurity. Rest plays a big part in the treatment of these cases. Any mother showing a rise in

Blood Pressure should be given a week's rest in bed under medical supervision, and if the blood pressure does not fall she should be admitted to the Ante-Natal ward of a maternity unit. Mothers expecting twins or triplets should have more rest, free from household duties. The Home Help Service can be utilised to ensure this.

The Infant Mortality Rates for the three Urban Districts is shown in graph form as an Appendix to this Report.

Care of Premature Infants.

The Sorrento Cots for Premature Babies are available for use in the district. One of the Midwives, Mrs. V. Tunney, has been trained at the Sorrento Hospital, Birmingham, in the special care of Premature babies. Her advice and services are available for all Premature babies born in the Divisional Area. Dr. C. C. Harvey, Paediatrician, is also available for domiciliary consultations with the family doctor to discuss the treatment and care of the infant. All practitioners in the Division have been apprised of the Scheme and have utilised the service as required. A complete Premature Baby Care Scheme should provide for a "Breast-milk Bank" and a fully equipped and staffed premature baby unit at a nearby Maternity Home. However, this scheme is a move in the right direction and may in time show its value by diminishing the mortality rate of premature infants. It is hoped to increase the number of cots available during the coming year. At present we try to reserve the cots for infants under $4\frac{1}{2}$ lbs.—although any baby weighing less than $5\frac{1}{2}$ lbs. is reckoned to be a premature infant. It is well known, however, that the chance of survival depends on the birthweight and period of gestation.

CARE OF MOTHERS AND YOUNG CHILDREN.

Estimated Population 1948	..	..	..	..	43,700
Number of Live Births	..	..	..	..	888
Number of Illegitimate Births		..	..	..	40
Number of Stillbirths	..	..	..	..	19
Estimated Child Population (0—4 years)			..	..	4,031

(Supplied by Registrar-General).

The Division is adequately covered with 5 Child Welfare Centres and 4 Ante-Natal Clinics. These Clinics are all well attended and the Parkgate Child Welfare Centre opened in early 1949 is now established and working smoothly.

The Infant Welfare Clinics form a very important link in the preventive medical services as they enable a mother who attended the Authority's Ante-Natal Clinic to follow on with her baby at the Child Welfare Centre. Much good work is done here where mothers receive advice regarding the feeding and ailments of their children. The Health Visitor who is in attendance is a well-known friend and adviser and it is her duty to talk to the mothers and give hints on health education, infant welfare, and discuss any domestic difficulties.

CHILD WELFARE AND ANTE-NATAL CLINICS.

	Urban Districts of		
	Wath	Swinton	Rawmarsh
No. of Infant Welfare Sessions held each week	2	2	2
No. of Ante-Natal Sessions held each week	1	1	1

Child Welfare Centres.

Address of Centre, Name of Medical Officer and Nurse in attendance.	Day and Times of Sessions.	No. who attended for 1st time during this year.	Attendance of Children up to 5 years.
West Melton : Methodist Church, Princess Street. Dr. G. J. O'Keeffe Nurse R. Robinson	Tuesday, 2—4 p.m.	72	1,626
Wath-on-Dearne : Dunford House, Doncaster Road. Dr. G. J. O'Keeffe Nurse C. Lascelles	Monday, 2—4 p.m.	111	2,064
Swinton : Rock House. Dr. S. O. Hatherley Nurse B. E. Smith	Monday, 2—4 p.m.	75	1,704
Dr. J. B. Adam Nurse M. Newbould	Wednesday, 2—4 p.m.	202	2,938
Rawmarsh : Barber's Avenue. Dr. H. A. Adam Nurse C. M. Sheldon	Tuesday, 2—4 p.m.	313	4,018

Ante-Natal Clinics.

Address of Centre, Name of Medical Officer and Nurse in attendance.	Day and Times of Sessions.	Total No. of Attendances.	
		Ante- Natal	Post- Natal
Wath-on-Dearne : Dunford House. Dr. D. Chapman Nurse C. Lascelles	1st and 3rd Fridays 10 a.m. to 3 p.m.	463	43
West Melton : Princess Street. Dr. D. Chapman Nurse R. Robinson	2nd and 4th Wednesdays, 1 30—3.30 pm.	169	19
Swinton : Rock House. Dr. H. A. Adam Nurse M. Newbould	Thursday, 10 a.m. to 4 p.m.	812	17
Rawmarsh : Barber's Avenue. Dr. D. Pindar Nurse C. M. Sheldon	Thursday, 9.30 a.m. to to 1.30 p.m.	561	136

Ante-Natal Consultant Services.

In collaboration with the Local Authority Ante-Natal Clinics a consultant service is available for Medical Officers of the Ante-Natal Clinics in cases of abnormality occurring in patients in attendance. For this Division all cases requiring a consultant opinion are referred to Mr. L. B. Patrick at the Mexborough Montagu Hospital each Tuesday morning.

This service works extremely well and is availed of by the Medical Officers of the Ante-Natal Clinics.

Dental Treatment of Expectant and Nursing Mothers.

The facilities for dental examination and treatment at the two Dental Clinics in this Division, i.e., at Dunford House, Wath, and the Child Welfare Centre, Barber's Avenue, Rawmarsh, for expectant mothers attending Ante-Natal Clinics situate in the same building have not been utilised to the fullest possible extent.

The number of cases in which treatment has been recommended but the mother failed to attend for treatment, has caused justifiable criticism. Mothers appear to fight shy of dental treatment during

pregnancy for little or no reason, and the value of this care cannot be over-emphasized. The loss of professional time by the dental officers when appointments are not kept, together with subsequent abortive visits by the Health Visitor to find out the cause of non-attendance, all combine to make the scheme for dental treatment for expectant mothers unsatisfactory from the point of view of attendances and time and man-power expended.

Health Visiting.

There are 7 Health Visitors and 1 Assistant Health Visitor in this Division, and I feel that the Health Visiting position is far from satisfactory. The establishment for Health Visitors in Division 26 provides for 9 Health Visitors and a further Health Visitor is required in Wath and Parkgate.

The old role of Health Visitors at Clinics and home visits has undergone a change and their scope of duties is ever widening. Their duties now cover all ages and the emphasis is on the health visitors going out to the homes in their district and being the guide and friend to all. Her purpose is to "sell" health education, and the best place for this is in the home. Clinics for minor ailments, oculist clinics, and E.N.T. clinics, are being left to the Assistant Health Visitors, and ante-natal clinics are being passed over to the domiciliary midwives in order to allow Health Visitors more time in their districts.

These aims, however, cannot be achieved until more qualified Health Visitors are available, but it is hoped that the position will improve very soon.

DOMICILIARY MIDWIFERY.

The domiciliary midwifery in the Division is carried out by County Council whole-time midwives with the exception of the Rawmarsh Urban District, where the service is run by Queen's Nurses attached to the Queen's Nurses' Home, 1 Vesey Street, and in the Swinton Urban District one Queen's District Nurse-Midwife operates. There are 12 midwives in the Division and one Relief Midwife with relief duties in this and other Divisions, also one independent midwife practising in Rawmarsh.

The total number of domiciliary births in the Division during 1948 was 581 as set out below for the three Urban Districts :

	Wath.	Swinton.	Rawmarsh.
No. of Domiciliary Live Births . .	194	206	181

The most noteworthy point in these statistics is the very low number of domiciliary births which occurred in Rawmarsh, a district with a population of over 18,000. Out of a total number of births for Rawmarsh of 370 more than half occurred in institutions, and I feel that a far greater number of mothers could easily have their babies at home. This is more satisfactory from the mother's point of view and would at the same time diminish the demand on beds required for emergency cases.

The supply of motor cars for midwives has improved recently, and at the moment of writing there are 7 midwives with cars. The possession of a motor car by a midwife is an absolute necessity when she is called upon to visit a case at any time in the day or night. Reliance on public

transport or even a private pedal cycle is a thing of the past, and when it is borne in mind that midwives must take with them heavy articles such as Gas and Air Machines for Analgesia in childbirth and maternity outfits, together with their midwifery bag, the facilities provided by a private motor car are obvious.

The attendance of midwives at the local Ante-Natal Clinic is now encouraged. The midwives can then see their own booked patients at the Clinic and discuss any abnormality with the medical officer at the Clinic. This system works extremely well in the Division and with the attendance of the midwives at the clinics this allows the health visitor more time to give talks on health education to the groups of expectant mothers.

There are six midwives in the Division qualified to administer Gas and Air Analgesia and during 1948 19 women received analgesia. This aspect of the domiciliary midwifery service has received wide publicity, and every effort is being made to secure a 100% service so that all midwives are trained and each one has her own gas and air machine. Only two gas and air machines were available at the end of 1948 for this Division, but all demands for the service were met. At the time of writing all midwives in this Division have received the necessary training in the administration of Gas and Air Analgesia, and 7 machines are now in use. Publicity has been given to the facilities available and a printed notice is in every Ante-Natal Clinic pointing out to expectant mothers the service available. I have also prepared a short memorandum on this service which is handed to each expectant mother at the Ante-Natal Clinic.

HOME NURSING.

The Home Nursing Service prior to 5th July, 1948, was in the hands of the District Nursing Associations, but as from the appointed day the duty of providing a Home Nursing Service passed to the County Council. There are 9 Home Nurses in the Division of whom 4 also undertake midwifery. The Nurses' Homes situate in West Melton, Swinton and Rawmarsh are the headquarters for the Home Nurses in the Wath, Swinton and Rawmarsh districts. Bulky home nursing equipment such as wheel-chairs, crutches, etc., are stored in the Divisional Office for issue when required.

The Home Nurse is required to attend people sick in their own homes, and the General Practitioner is now passing more work on to the Home Nurse and her duties are ever-widening. The number of new cases undertaken in 1948 from 5th July to 31st December was 188 and the total number of visits paid to patients during the same period was 5,819.

VACCINATION AND IMMUNISATION.

Every effort is made to ensure that the rate of immunisation in pre-school and school children is maintained at a high level. With the co-operation of parents there is no reason why the present absence of deaths from Diphtheria should not continue. Facilities for immunisation are available at Infant Welfare and School Clinics, and at the surgeries of family doctors. The services are free of charge.

Statistics relating to Diphtheria Immunisations for the Urban Districts of the Division for 1948:

Urban District	No. of Children Immunised in 1948.			No. of Children given booster doses during 1948.	No. of Children Immunised at any time up to 31/12/48.			Estimated Mid-Year Population.			Immunisation Rate
	Under 5-Yrs.	5—14 Yrs.	Total		under 5 Yrs.	5—14 Yrs.	Total.	Under 5 Yrs.	5—14 Yrs.	Total.	
Wath-upon-Dearne ..	194	83	277	400	510	1067	1577	1235	1961	3196	49.3%
Swinton ..	158	37	195	185	550	1626	2176	1051	1650	2701	80.5%
Rawmarsh ..	231	184	415	372	520	1316	1836	1745	2707	4452	41.2%

The duty of providing a scheme for vaccination against smallpox was laid on Local Health Authorities as from 5th July, 1948, and the service is now entirely free and voluntary. Arrangements for vaccination are available either at the Infant Welfare Clinics or at the surgeries of family doctors.

The low figures given in the statistics set out below hardly need any comment, yet they reflect a shocking and dangerous apathy on the part of parents towards the value of vaccination. The comparative absence of smallpox from our midst does not mean that we should neglect the opportunities and necessity for vaccination in our children, and it is hoped that next year's figures will reveal a more satisfactory state of affairs :—

County District.	Number Vaccinated.	Number Re-vaccinated	Total.
Wath-on-Dearne	5	—	5
Swinton	3	—	3
Rawmarsh	3	—	3

Domestic Help Scheme.

This scheme can with confidence be described as the most popular service provided by the County Council as Local Health Authority. Since the 5th July, 1948, the number of cases requiring the services of a Home Help has increased enormously and is still increasing. Home Helps are available for cases of illness of the mother and maternity cases and has been extended to cases of old age or infirmity where the services of a Home Help have been made available for a few hours daily.

At the end of the year there were 18 part time home helps employed and home helps were provided for 66 cases during 1948.

It has been found that for this particular part of the country the employment of home helps on a part time basis, i.e., not on a fixed weekly salary whether work is available or not, is much more satisfactory and economical.

In times past, when a woman was confined at home, neighbours would offer their services and keep the home going whilst the woman had her confinement and was able to do her household work again. Such neighbourliness and spirit of goodwill now seems to be a thing of the past, and the number of applicants for the services of a home help has risen accordingly.

The management and running of the home of a mother confined to bed is at any time a task requiring considerable tact and forbearance, and I am pleased to report that I have not received one complaint regarding the services of home helps in this Division. Indeed I have received letters expressing appreciation and gratitude for the services of a home help, and I thank these ladies who are carrying out a hard task cheerfully and conscientiously.

Maternity Home Admissions.

This Division has no Maternity Home situate within its area and I feel that a division as compact as this, having a population of approximately 45,000 and a total number of births for the year of 888, fully justifies a Maternity Home. At present beds are available for institutional confinements at Rotherham Moorgate General Hospital, Listerdale and Hallamshire Maternity Homes and the Mexborough Montagu Hospital. The number of applications for admission, however, far exceeds the number of beds available, and in consequence a system of priority has been evolved. Requests from Maternity Homes for a check on housing conditions is carried out by Health Visitors and where unsatisfactory housing conditions obtain, priority is given to such cases. This system of checking on socio-medical conditions through the Medical Officer of Health works extremely well, but notifications of accepted bookings are received only from certain Maternity Homes. A standard form for use by the homes and hospitals in the area for the completion by the Medical Officer of Health, of home conditions is also indicated.

Birth Control.

A Birth Control Clinic is established at Rock House, Swinton, which serves the needs of six Public Health Divisions. All cases referred by Ante-Natal Clinic doctors on medical grounds for Birth Control advice are seen by the Medical Officer of the Birth Control Clinic, Dr. M. M. Owen. The attendances at this Clinic are extremely high and the figures for 1948 are given below.

	Total Attendances.	No. of women who attended for 1st time.
Birth Control Clinic, Rock House, Swinton	715	140

The services of this clinic are utilised by Divisions Nos. 22, 24, 25, 26, 30 and 31. In dealing with this Clinic every care has to be exercised to ensure that it conforms to the pattern outlined by the Minister of Health. A Birth Control Clinic run by a Local Authority is primarily intended for use by women referred for advice by the Ante-Natal Clinic doctors or by their own family doctors on account of their suffering from disease which would make further pregnancy dangerous. The Clinic must not be used as a family planning centre—which is a completely different scheme to the Local Authority Birth Control Clinic. Practitioners and Ante-Natal Clinic doctors are apt to forget this and a certain infiltration of such cases have found their way to the clinic. Every effort is made to conform strictly to the Ministry's instructions. It appears likely that in the future this service should pass over to the Gynaecological Departments of Hospitals in the Sheffield Regional Hospital Board. Family planning clinics should continue to be conducted by voluntary bodies and should receive no official blessing or recommendation from the Ministry of Health.

MENTAL HEALTH SERVICE.

There is one Mental Health Social Worker attached to this Division who carries out routine visits to all mental defectives in the district. She is extremely busy and her time has of necessity to be limited, since she also looks after the mental defectives in a neighbouring Division. The following brief statistics give an idea of the work the Social Worker is called upon to carry out :

Statistics as at 31st December, 1948.

Category	Males.			Females.		
	Under 16 Yrs.	Over 16 Yrs.	Total	Under 16 Yrs.	Over 16 Yrs.	Total
Statutory Super- vision	7	35	42	5	22	27
Voluntary Super- vision	—	—	—	—	5	5
or Observation ..	—	4	4	—	—	—
Guardianship ..	—	—	—	—	7	7
Licence	—	1	1	—	—	—

SCHOOL HEALTH SERVICE.

The School Medical Service is a statutory responsibility under the Education Act, 1944, on the local education authority which is the West Riding County Council for this Division. My report given hereunder of this service in an annual report, is an innovation for your Council as these services have never been discussed fully in previous reports. However, since the School Health Service forms an integral part of divisional administration I feel it would be appropriate and necessary to give a brief *resume* of this service in a Divisional report.

I attend the monthly meeting of the Divisional Education Executive and present a report on the School Health Services for this Division.

Routine school medical inspections are carried out in the schools of this Division by an Assistant County Medical Officer attached to the Divisional Office for this purpose. School medical inspections are carried out during a child's school life at the following stages :—

- (1) As soon as possible after entering School.
- (2) During the last year in the Primary school.
- (3) During the last year in school.

The school medical inspection is an occasion for the complete check-up on the child's physical and mental condition, and the child's parents are always asked to attend in order to discuss matters with the school doctor and the school nurse. Any defects in the child affecting the heart, eyes, ears, etc., are speedily referred to the Divisional Office on the appropriate specialist form for appointment at the specialist clinic concerned. The appointment during the year of a Paediatrician, Dr. C. C. Harvey, for the Southern part of the County was a big step in securing expert advice on any cases of children requiring consultant opinion. The

Paediatric Clinic which is held in Rawmarsh once a month has proved a great help in the School Health Service. Dr. Harvey maintains a close link with the local hospitals including Mexborough Montagu Hospital and the Children's Hospital, Sheffield.

In addition to the routine school medical inspections, a weekly school clinic is arranged in each area which is attended by Dr. M. R. Menzies, the Assistant County Medical Officer. School children referred to the School Clinic are kept under constant review, especially those who are waiting for an appointment on a specialist clinic.

It has been found that one Assistant County Medical Officer cannot cover all the schools in the Division in one year and the equivalent of at least the half-time services of an additional assistant are necessary. The following statistics show the work carried out by the school medical and nursing staffs :

Estimated number of School Children in Division .. 6318

Number of Inspections carried out within Division No. 26 during 1948 :

Entrants	1101
Second Age Group—last year in Primary School ..	619
Third Age Group—last year of School life	213
	<hr/>
	1933
	<hr/>

Other Inspections.

Number of Special Inspections	68
Number of Re-Inspections	1523
	<hr/>
	1591
	<hr/>

Pupils Found to Require Treatment.

Entrants	260
Second Age Group	147
Third	38
	<hr/>
	445
	<hr/>

Classification of the General Condition of Pupils Inspected during the year 1948.

	A Good	B Fair	C Poor
Entrants	475	573	53
Second Age Group	296	297	26
Third Age Group	123	84	6
	<hr/>	<hr/>	<hr/>
Total ..	894	954	85

Infestation with Vermin.

Total number of examinations in schools by school nurses	..	26,285
Total number of Individual Pupils found to be infested	..	1,034

Cleansing Notices under Section 54(2) of the Education Act 1944 were issued in 58 cases, but no cleansing orders under Section 54(3) were issued during the year.

The conditions found in the School Medical Inspections of children revealed that diseases in the ear, nose and throat occupied the largest group of children requiring treatment. The waiting list for school children recommended for appointment and examination by Mr. W. L. Rowe, E.N.T. Consultant for this Division, is growing steadily longer, and a system of reviews and priority has had to be adopted. The number of children recommended for removal of tonsils and adenoids is also increasing and the waiting list for this operation is held up. Constant reviews of all outstanding cases have failed to bring the total number of cases awaiting appointment on the E.N.T. Clinic down to reasonable working proportions.

Defective vision forms another large group of children requiring examination by the School Oculist, and the number of these cases exceeds the rate by which they can be dealt with during the weekly oculist sessions.

The number of children attending the Ultra Violet Ray Clinic at Rawmarsh has increased, and it has, therefore, been decided to set up a further Ultra Violet Ray Clinic at Dunford House, Wath. This Clinic will relieve the Rawmarsh Clinic considerably and provide a useful addition to the School Medical Services of the Division.

The coming into operation of the Divisional Scheme of Administration, and the administration of the School Health Service from the Divisional Public Health Office has certainly brought a greater cohesion to the service, and the maintenance of records at the Divisional Office, coupled with liaison with the head teachers, has expanded the scope and provided a better service.

Summary.

In the Divisional Report given above an attempt has been made to give a short summary of the Health Services provided by the West Riding County Council. It appears to me to be advantageous to combine the Divisional Report with that of the Local Sanitary Authority—since your Medical Officer of Health is also the Divisional Medical Officer, and it is felt that the Local District Council would like to be informed about the Part III Services in operation in the area. It is my intention subject to the approval of the County Council and the Local Sanitary Authority to continue to present my Annual Reports in this form.

During the year, I felt that there was need for a closer linkage between the Local Sanitary Authorities in order to keep them informed about the County Services. With that in mind I brought the matter to the notices of the Health Committees of the Urban Districts in the Division and

suggested that a non-statutory Committee should be set up. The Urban District Councils agreed and the first meeting was convened for January, 1949. Each Urban District Council nominated 4 Councillors giving a Committee composed of 3 County Councillors and 9 Urban District Councillors. While the Committee has no powers whatsoever we feel that it will be useful for the dissemination of information and will establish an unofficial liaison between the County Council Health Services, Hospital Management Committee and Local Sanitary Authority. At the time of writing the Committee has been established and is serving a useful purpose—meeting as it does every two months.

Divisional Administration has resulted in a close knitting of the Sanitary, Medical and Nursing Services. It has brought all together producing an integrated team capable of dealing with every aspect of Preventive Medicine.

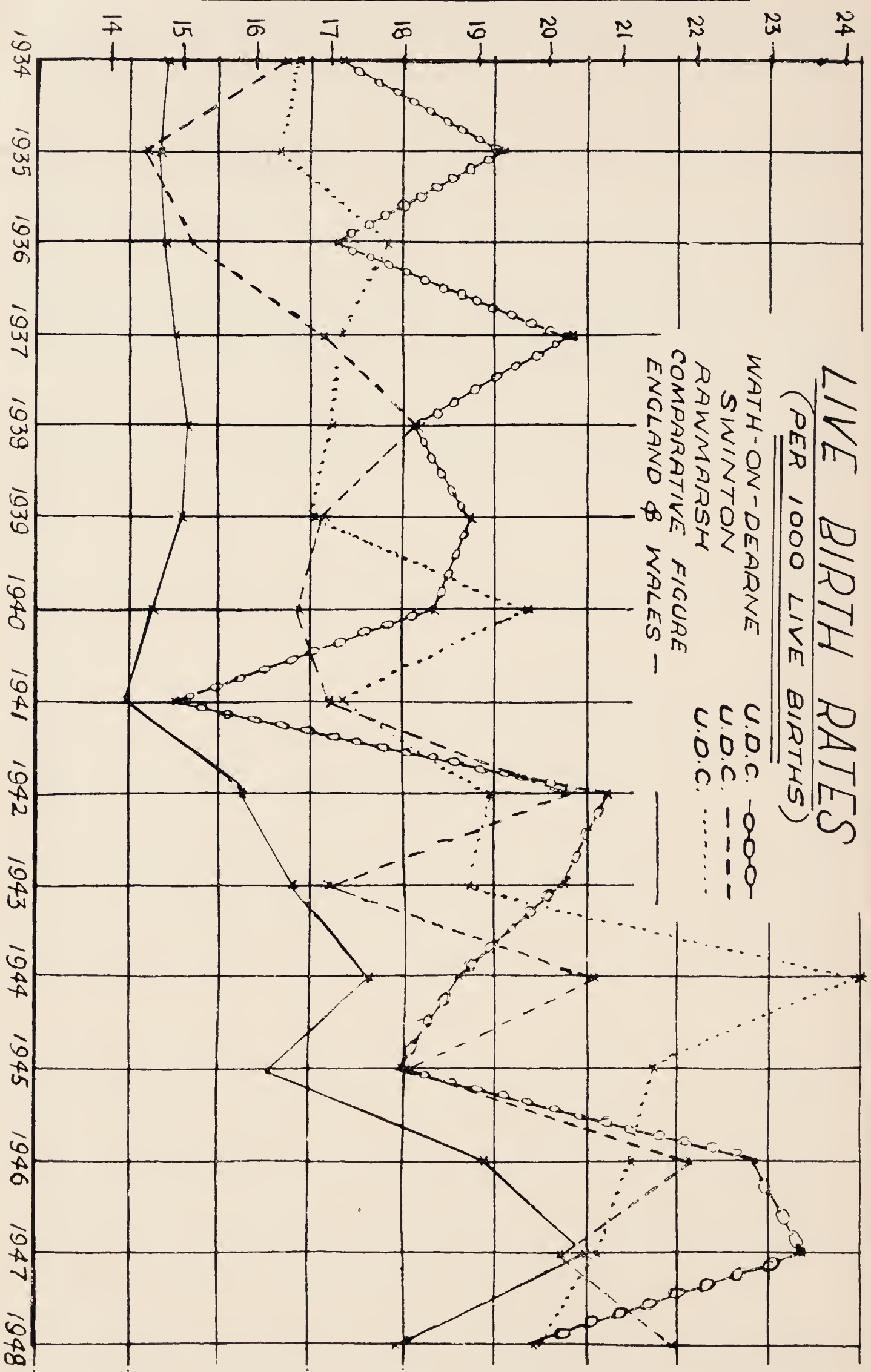
In conclusion I wish to acknowledge the help which we have at all times received from the County Medical Officer and his Central Staff.

RATES PER 1000 LIVE BIRTHS

LIVE BIRTH RATES (PER 1000 LIVE BIRTHS)

WATH-ON-DEARNE
SIMINTON
RAWMARSH
COMPARATIVE FIGURE
ENGLAND & WALES —

U.D.C. —○○—
U.D.C. ———
U.D.C.
—



INFANT MORTALITY RATES

(DEATHS PER 1000 LIVE BIRTHS)

WATH-ON-DEARNE U.D. ○○○○
 SWINTON U.D. ---
 RAWMARSH U.D.
 COMPARATIVE FIGURE
 ENGLAND & WALES —

